

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only				
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
E				
<u></u>				
1 File Number U - 1084	2 Fiscal Year Covered From.			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name ROBERT D FURCELL	Name LABORERS' INTERNATIONAL UNION OF NORTH AMERICA			
	Labor Organization File Number 20013			
PO Box, Bldg , Room No , if any	PO Box, Building and Room Number, if any			
Street COO CUNIDERM NUCLUID	Street 905 16TH ST., NW			
620 SUNBEAM AVENUE	200 101n 31., bm			
City SACRAMENTO	City WASHINGTON			
State California ZIP Code + 4 95814	State District of Columbia ZIP Code + 4 20006			
5 Position in tabor organization DIRECTOR, PUBLIC EMPLOYEE DEI	PART			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exch	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any)				
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent			
monetary value from an employer whose employees your organization. 8. Name and address of Employer (including trade name, if any)	on represents or is actively seeking to represent			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any) Name Trade Name, if any	on represents or is actively seeking to represent			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any) Name	on represents or is actively seeking to represent			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any) Name Trade Name, if any	7.a Nature of interest, Transaction, or Income			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bidg , Room No , if any Street	7.a Nature of interest, Transaction, or Income			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bidg , Room No , if any Street City	7.a Nature of interest, Transaction, or Income			
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monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bidg , Room No , if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	7.a Nature of interest, Transaction, or income 7.b Amount 7 b Amount Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the			
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any) Name Trade Name, if any: P O Box, Bidg, Room No, if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete (See the second	7.a Nature of interest, Transaction, or income 7.b Amount 7 b Amount Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions)			
monetary value from an employer whose employees your organization. Name and address of Employer (Including trade name, if any) Name Trade Name, if any PO Box, Bidg, Room No, if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a Nature of interest, Transaction, or income 7.b Amount 7 b Amount Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing ROBERT PURCELL	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name, if any) Name LABORERS' EMPLOYERS COOPERATION & EDUC TRUST Trade Name, if any PO Box, Bidg, Room No, if any Street 905 16TH ST., NW City WASHINGTON State District of Columbia ZIP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer				
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any PO Box, Bidg., Room No , if any Street City ZIP Code + 4	11.a Nature of such dealing Laborers-Employers cooperation and Education Trust (LECET) secures projects and jobs, increases union-sector market share, advertises their services, develops a workforce, and advances shared market-related interests. 11 b Approximate dollar value of such dealing 12.a Nature of interest held or income received TRI-FUNDS CONFERENCE / ATTENDED RECEPTION, ORLANDO, FLORIDA 1/18/04				
	12 b Amount \$50				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (Including trade name, if arry) Name Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4	14 a Nature of payment				
13.b is the Business an Employer or Consultant ?	14 b Amount of payment.				

Name of Person Filing ROBERT PURCELL File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)	9 Business deals with	
Name GRAND HYATT REGENCY Trade Name, if any PO Box, Bidg, Room No, if any Street 1571 Polpu Road City Koloa	a Labor Organization b Trust c Employer	
State Hawall ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Trade Name, if any P O Box, Bidg., Room No , if any Street City	Provides lodging, meeting and conf and services to the public, corpor labor organizations.	
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	RECEIVED LUNCH AND DAY PASS IN DIS CONCERNING POSSIBLE SITE FOR PACIF REGIONAL CONFERENCE 7/7/04	
	12.b Amount	\$140

Name of Person Filing ROBERT PURCELL File Number U-	
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Part B Continuation Page

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8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name ULLICO	a Labor Organization	
Trade Name, if any	a Labor Organization	
PO Box, Bidg , Room No , if any	b Trust	
Street 1625 EYE STREET NW	c Employer	
City WASHINGTON		
State District of Columbia ZIP Code + 4 20006		
10 #9.b or 9 c is checked give trust or employer's name	11.a Nature of such dealing	
Name	Provides insurance programs and ben	efits to Union
Trade Name, if any		
PO Box, Bidg., Room No , if any Street		
Subst		
Cây		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12.a Nature of interest held or income received	
	ROUND OF GOLF IN CONNECTION WITH PAREGIONAL CONFERENCE 4/3/05	ACIFIC SOUTHWEST
)
	12 b Amount	\$70



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

PACIFIC SOUTHWEST REGIONAL OFFICE 620 Sunbeam Avenue • Sacramento, CA 95814 Phone (916) 446-3622 • Fax (916) 446-6655

August 15, 2005

TERENCE M O'SULLIVAN
General President

ARMAND E SABITONI General Secretary-Treasurer

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HEADQUARTERS 905 16th Street, NW Washington, DC 20006-1765 (202) 737-8320 Fax (202) 737-2754

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U S Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D C. 20210

Re: Form LM-30 filing for ROBERT D. PURCELL

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period In filing the report, I have reviewed all of my available 2004 records as well as my recollection I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systematic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds My understanding is that the Department's guidance to date on the LM-30 reporting is still changing and remains uncertain in various particulars

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action

I am not reporting any benefits that I may have received from a political action committee ('PAC'). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance

This filing represents my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. This enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004

Sincerely,

ROBERT D. PURCELL, Director Public Employee Department Laborers' International Union of North America

ad Enclosure